



COUNTY OF LOS ANGELES

**Public Health**

**JONATHAN E. FIELDING, M.D., M.P.H.**  
Director and Health Officer

**JOHN F. SCHUNHOFF, Ph.D.**  
Chief Deputy Director

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 240-8117 • FAX (213) 975-1273

[www.lapublichealth.org](http://www.lapublichealth.org)



**BOARD OF SUPERVISORS**

**Gloria Molina**  
First District

**Yvonne B. Burke**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

September 28, 2007

TO: Each Supervisor

FROM: *L* Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer

SUBJECT: **NOTIFICATION OF DEPARTMENT OF PUBLIC HEALTH'S USE OF  
DELEGATED AUTHORITY TO ACCEPT REVISED NOTICE OF COOPERATIVE  
AGREEMENT NUMBER 5U50CI923797-03 EPIDEMIOLOGY AND LABORATORY  
CAPACITY FOR INFECTIOUS DISEASES**

This is to advise you that the Department of Public Health (DPH) will exercise its delegated authority as approved by your Board on November 29, 2005, authorizing the Director of Health Services, or his designee, to accept subsequent Notice of Cooperative Agreements (NCAs) from the Centers for Disease Control and Prevention (CDC) for Calendar Years (CYs) 2006, 2007, 2008, and 2009.

County Counsel has reviewed and approved the NCA to accept funds in the amount of \$329,062 for the period effective January 1, 2007 through December 31, 2007 as to form. All other terms, conditions, and restrictions remain unchanged and in full effect.

If you have any questions or require additional information, please let me know.

JEF:ly  
#000231  
Attachment(s)

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors



DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service  
Centers for Disease Control  
and Prevention (CDC)

Laurene Mascola, MD, MPH  
Chief, Acute Communicable Disease Control  
County of Los Angeles Department of Health  
313 N. Figueroa Street, Room 212  
Los Angeles, California 90012

FEB 05 2007

Reference: Notice of Cooperative Agreement Award No. U50/CCU923797-03  
Epidemiology & Laboratory Capacity for Infectious Diseases

Dear Dr. Mascola:

Enclosed is the Notice of Grant Award for Year 03 of the program entitled "Epidemiology and Laboratory Capacity for Infectious Diseases" under Program Announcement Number 04040. This Notice of Award provides the total funding approved for the budget period which begins January 1, 2007 and ends December 31, 2007. Please refer to the continuation pages of the Award Notice for specific details of funds awarded by budget category and other pertinent information regarding the award.

The Project Officer listed on the enclosed Contact List will be responsible for the review and programmatic monitoring of your assistance award. The Grants Management Specialist listed has been assigned the business management responsibilities of your award.

An annual Financial Status Report (FSR) must be submitted within 90 days after the end of the budget period. This report must be submitted on the enclosed form, Standard Form No. 269, and include only those funds authorized and expended during the budget period. An original and two copies of the semiannual progress report, along with all correspondence, including requests for prior approvals, must be submitted to the Grants Management Officer, Attention: Grants Management Specialist, with a copy to the project officer. All correspondence must include your award number and signatures from both the business office and the program official.

If you have any questions on this matter, please feel free to contact Yolanda Ingram-Sledge, Grants Management Specialist (770) 488-2787.

Sincerely,

Sharron P. Orum  
Grants Management Officer  
Acquisition and Assistance, Branch II  
Procurement and Grants Office

cc: Business Office  
Sandra Browning, NCID, MS C-12

02/05/2007

93.283

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION

## NOTICE OF COOPERATIVE AGREEMENT

AUTHORIZATION (LEGISLATION/REGULATION)

301(A) &amp; 317(K)(2) PHS ACT, AS AMENDED

SUPERSEDES AWARD NOTICE DATED	
CEPT THAT ANY ADDITIONS OR RESTRICTIONS	
PREVIOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.	
1. GRANT NO. U50/CCU923797-03	5. ADMINISTRATIVE CODES CCU50
6. PROJECT PERIOD FROM 07/01/2004	THROUGH 12/31/2009
7. BUDGET PERIOD FROM 01/01/2007	THROUGH 12/31/2007

## 1. TITLE OF PROJECT (OR PROGRAM)

EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES

## 2. GRANTEE NAME AND ADDRESS

COUNTY OF LOS ANGELES DEPT OF HLTH SVCS  
DEPARTMENT OF HEALTH SERVICES  
313 NORTH FIGUEROA STREET, ROOM 227C  
LOS ANGELES, CA 90012

## 10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)

LAURENE MASCOLA, MD, MPH, CHIEF  
ACUTE COMMUNICABLE DISEASE CONTROL PROGR  
313 NORTH FIGUEROA STREET, ROOM 212  
LOS ANGELES, CA 90012

## 1. APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)

PHS GRANT FUNDS ONLY	
I TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION	
(PLACE NUMERAL ON LINE) <u>I</u>	
.. SALARIES AND WAGES.....\$	170,043
.. FRINGE BENEFITS.....\$	80,604
.. TOTAL PERSONNEL COSTS.....\$	250,647
1. CONSULTANT COSTS.....	0
2. EQUIPMENT.....	0
3. SUPPLIES.....	10,162
4. TRAVEL.....	3,728
5. PATIENT CARE-INPATIENT.....	0
6. PATIENT CARE-OUTPATIENT.....	0
7. ALTERATIONS AND RENOVATIONS.....	0
8. OTHER.....	29,733
9. CONSORTIUM/CONTRACTUAL COSTS.....	18,718
10. TRAINEE RELATED EXPENSES.....	0
11. TRAINEE STIPENDS.....	0
12. TRAINEE TUITION AND FEES.....	0
13. TRAINEE TRAVEL.....	0
14. TOTAL DIRECT COSTS.....\$	312,988
15. INDIRECT COSTS (24.29 % OF S&W/TADC) \$	41,313
16. TOTAL APPROVED BUDGET.....\$	354,301
17. SBIR FEE.....\$	0
18. FEDERAL SHARE.....\$	354,301
19. NON-FEDERAL SHARE.....\$	0

## 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U).....\$	354,301
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS...\$	98,706
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...\$	0
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION \$	255,595

## 13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)

BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 4	0	D. 0	0
B. 5	0	E. 0	0
C. 0	0	F. 0	0

## 14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

A. AMOUNT OF PHS DIRECT ASSISTANCE.....\$	0
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS...\$	0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD\$	0
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$	0

## 15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)

A. DEDUCTION
B. ADDITIONAL COSTS
C. MATCHING
D. OTHER RESEARCH (ADD/DEDUCT OPTION)
E. OTHER (SEE REMARKS)

B

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

A. THE GRANT PROGRAM LEGISLATION CITED ABOVE. B. THE GRANT PROGRAM REGULATION CITED ABOVE. C. THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS, IF ANY, NOTED BELOW UNDER REMARKS. D. PHS GRANTS POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E. 45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. IN THE EVENT THERE ARE CONFLICTING OR OTHERWISE INCONSISTENT POLICIES APPLICABLE TO THE GRANT, THE ABOVE ORDER OF PRECEDENCE SHALL PREVAIL. ACCEPTANCE OF THE GRANT TERMS AND CONDITIONS IS ACKNOWLEDGED BY THE GRANTEE WHEN FUNDS ARE DRAWN OR OTHERWISE OBTAINED FROM THE GRANT PAYMENT SYSTEM.

REMARKS (OTHER TERMS AND CONDITIONS ATTACHED - YES ☒ NO ☐SPONSOR: NATIONAL CENTER FOR INFECTIOUS DISEASES  
\*IDC RATE BASE: SEE ATTACHED

PHS GRANTS MANAGEMENT OFFICER (SIGNATURE)		(NAME-TYPED/PRINT)		(TITLE)	
		SHARRON P. ORUM		GRANTS MANAGEMENT OFFICER	
7. OBJ. CLASS. 41.51		18. CRS.EIN: I-956000927-A1		19. LIST NO.: CO-020-U07	
FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT.ACTION FIN.ASST	AMT.ACTION DIR.ASST	
0.A07-19126 07-9211180	B. CCU923797	C. CCU50	D. 30,118	E. 0	
1.A07-19116 07-9211388	B. CCU923797	C. CCU50	D. 95,000	E. 0	
2.A07-193YD 07-9210156	B. CCU923797	C. CCU50	D. 130,477	E. 0	

PHS-5152-1 (CONTINUED)

DATE ISSUED.....: 02/05/2007  
GRANT NO.....: U50/CCU923797-03  
APPROVAL LIST NO: C0-020-U07

DIRECT ASSISTANCE BUDGET:  
=====

PERSONAL SERVICE:	0
TRAVEL.....:	0
VACCINE.....:	0
OTHER SERVICE....:	0



Notice of Award  
SPECIALIZED CTR COOPERATIVE AGREEMENT  
Department of Health and Human Services  
Centers for Disease Control  
NATIONAL CENTER FOR INFECTIOUS DISEASES (NCID)

Issue Date: 08/10/2007

Attachment II



Grant Number: 5U50CI923797-03 REVISED

Principal Investigator(s):  
LAURENE MASCOLA

Project Title: EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES

313 NORTH FIGUEROA STREET, ROOM 227C

LOS ANGELES, CA 90012

Budget Period: 01/01/2007 – 12/31/2007

Project Period: 07/01/2004 – 12/31/2009

Dear Business Official:

The Centers for Disease Control hereby revises this award to reflect an increase in the amount of \$329,062 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to LOS ANGELES COUNTY HEALTH DEPARTMENT in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Award recipients are strongly encouraged to submit to PubMed Central (PMC), upon acceptance for publication, an electronic version of peer-reviewed, original research publications, resulting from research supported in whole or in part, with direct costs from Centers for Disease Control. The author's final manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process. For additional information, please visit <http://publicaccess.nih.gov/>.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Mattie B Jackson  
Grants Management Officer  
NATIONAL CENTER FOR INFECTIOUS DISEASES (NCID)

Additional information follows

**SECTION I – AWARD DATA – 5U50CI923797-03 REVISED****Award Calculation (U.S. Dollars)**

Salaries and Wages	\$362,508
Fringe Benefits	\$171,837
Personnel Costs (Subtotal)	\$534,345
Supplies	\$42,823
Travel Costs	\$7,455
Other Costs	\$71,469
Consortium/Contractual Cost	\$37,435

Federal Direct Costs	\$693,527
Federal F&A Costs	\$88,541
Approved Budget	\$782,068
Federal Share	\$782,068
Less Unobligated Balance	\$197,411
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$584,657</b>

<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$329,062</b>
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Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

04 \$255,595

**Fiscal Information:**

CFDA Number:	93.283
EIN:	1956000927A1
Document Number:	OCCU923797

IC	CAN	2007	2008
HK	9210156	\$260,954	
CK	9210976	\$7,500	
CI	9211109	\$5,297	
CK	9211180	\$93,906	
CK	9211367	\$10,000	
CK	9211388	\$190,000	\$255,595
CK	921Z9FZ	\$17,000	

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
3	\$584,657	\$584,657
4	\$255,595	\$255,595

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:  
PCC: N / OC: 414P

**SECTION II – PAYMENT/HOTLINE INFORMATION – 5U50CI923797-03 REVISED**

For payment information see Payment Information section in Additional Terms and Conditions.

**INSPECTOR GENERAL:** The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhtips@oig.hhs.gov](mailto:hhtips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they

choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

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### **SECTION III – TERMS AND CONDITIONS – 5U50CI923797-03 REVISED**

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award is funded by the following list of institutes. Any papers published under the auspices of this award must cite the funding support of all institutes.

National Center For Zoonotic, Vector-borne, And Enteric Diseases (CK)  
Office Of National Center For Public Health Informatics (NCPHI)  
National Center For Infectious Diseases (ncid) (CID)

**Treatment of Program Income:**  
Additional Costs

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### **SECTION IV – CI Special Terms and Conditions – 5U50CI923797-03 REVISED**

Approval List Number: C0-053-C07

This revised Notice of Award provides the remaining 50% of funding in the amount of \$354,300 to support activities as outlined in recipients original application dated September 11, 2006.

Supplemental funding is provided in the amount of \$73,467 for Food, P-Net, NARMS, and WNV activities. These funds have been approved to support one-time activities to be completed by the end of the current budget period and do not reflect an increase in your on-going funding base.

The amount of \$98,705 unobligated funds from budget period Year 01 is carried forward for use in this budget period.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

#### **CDC CONTACT NAMES:**

Business and Grants Policy Contact  
Yolanda Ingram-Sledge, Grants Management Specialist  
PGO/GMB, CDC  
2920 Brandywine Road, Mailstop K-14  
Room 3622  
Atlanta, Georgia 30341-4146  
Telephone: (770) 488-2787  
Internet: yis0@cdc.gov

Programmatic Contact  
Debbie Deppe  
Centers for Disease Control and Prevention (CDC)  
National Center for Infectious Diseases (NCID)  
1600 Clifton Road, NE, Mailstop C-12  
Atlanta, Georgia 30333  
Telephone: (404) 639-4668

Internet Address: dad1@cdc.gov

Programmatic Contact  
Sandra Browning  
Centers for Disease Control and Prevention (CDC)  
National Center for Infectious Diseases (NCID)  
1600 Clifton Road, NE, Mailstop C-12  
Atlanta, Georgia 30333  
Telephone: (404) 639-3635  
Internet Address: swb0@cdc.gov

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE

**STAFF CONTACTS**

**Grants Management Specialist:** Yolanda I Sledge  
2920 Brandywine Road  
Atlanta, GA

**Program Official:** Greg J. Jones  
Centers for Disease Control and Prevention  
CCID / NCPDCID/DEISS  
Roybal Building 1, Room 6030  
1600 Clifton Road, Mailstop: C-12  
Atlanta, GA 30333  
Email: gjj1@cdc.gov Phone: 404.639.4180 Fax: 404.639.3106

**Grants Management Officer:** Mattie B Jackson  
Centers for Disease Control and Prevention  
Procurement and Grants Office  
1600 Clifton Blvd., Mail Stop E13  
Atlanta, GA 30333  
Email: mij3@cdc.gov Phone: 770-488-2696 Fax: 770-488-2670

**SPREADSHEET SUMMARY**

**GRANT NUMBER:** 5U50CI923797-03 REVISED

**INSTITUTION:** LOS ANGELES COUNTY HEALTH SERVICES DEPT

<i>Budget</i>	<i>Year 3</i>	<i>Year 4</i>
Salaries and Wages	\$362,508	
Fringe Benefits	\$171,837	
Personnel Costs (Subtotal)	\$534,345	
Supplies	\$42,823	
Travel Costs	\$7,455	
Other Costs	\$71,469	
Consortium/Contractual Cost	\$37,435	
TOTAL FEDERAL DC	\$693,527	\$312,988
TOTAL FEDERAL F&A	\$88,541	\$41,313
TOTAL COST	\$584,657	\$255,595





THOMAS L. GARTHWAITE, M.D.  
Director and Chief Medical Officer

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
313 N. Figueroa, Los Angeles, CA 90012  
(213) 240-8101

November 17, 2005

# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

35

NOV 29 2005

*Violet Varona Lukens*  
VIOLET VARONA-LUKENS  
EXECUTIVE OFFICER

## BOARD OF SUPERVISORS

Gloria Molina  
First District

Yvonne Brathwaite Burke  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**EPIDEMIOLOGY AND LABORATORY CAPACITY FOR  
INFECTIOUS DISEASES AMENDMENT NO. 1  
TO NOTICE OF COOPERATIVE AGREEMENT NO. U50/CCU923797-01  
( All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Health Services, or his designee, to accept Notice of Cooperative Agreement (NCA) No. U50/CCU923797-01-1 (Exhibit I) from the Federal Centers for Disease Control and Prevention (CDC), to support the Department of Health Services Epidemiology and Laboratory Capacity for Infectious Diseases Program by extending the existing award period for six months, effective July 1, 2005 through December 31, 2005, in the amount of \$544,882, 100% offset by CDC funds.
2. Delegate authority to the Director of Health Services, or his designee, to accept subsequent NCAs from the CDC for Calendar Years (CY) 2006, 2007, 2008, and 2009, for Epidemiology and Laboratory Capacity for Infectious Disease program services, subject to review and approval by County Counsel, Chief Administrative Office, and notification of the Board offices.
3. Delegate authority to the Director of Health Services, or his designee, to accept amendments to NCAs with the CDC for CYs 2006, 2007, 2008, and 2009, which do not individually exceed 30% of the total amount of the NCA award for each Calendar year, and which do not materially alter the terms and conditions set forth under NCA Number U50/CCU923797-01, subject to review and approval by County Counsel, Chief Administrative Office, and notification of Board offices.

The Honorable Board of Supervisors  
November 17, 2005  
Page 3

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Epidemiology and Laboratory Capacity for Infectious Diseases program services will continue without interruption.

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,



Thomas L. Garthwaite, M.D.  
Director and Chief Medical Officer

TLG:kh

Attachments(3)

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors  
Auditor-Controller

BLCD4077.KH.wpd

## ATTACHMENT B

**Los Angeles County Chief Administrative Office  
Grant Management Statement for Grants Exceeding \$100,000**

Department: Health Services - Acute Communicable Disease Control Program

## Grant Project Title and Description

EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES -  
AMENDMENT NO. 1 - NOTICE OF COOPERATIVE AGREEMENT NO. U50/CCU923797-01-1

Funding	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance
CDC	NCA No. U50/CCU923797-01-1	ASAP

Total Amount of Grant	\$544,882	County Match	N/A
Grant Period: FY	Begi 7/01/05	End	12/31/05
Number of Personnel Hired -Grant	0	Full 0	Part 0

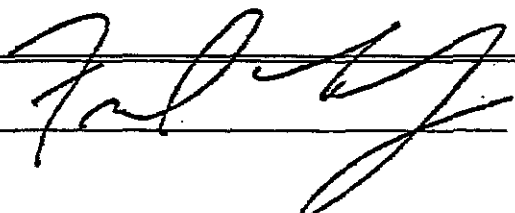
**Obligations Imposed on the County When the Grant Expires**

Will all personnel hired for this program be informed this is a grant funded program?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Will all personnel hired for this program be placed on temporary ("N") items?		<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is the County obligated to continue this program after the grant expires	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If the County is not obligated to continue this program after the grant expires, the Department will:				
a). Absorb the program cost without reducing other services	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
b). Identify other revenue sources	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Describe				
c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Impact of additional personnel on existing space: None

Other requirements not mentioned above: None

Department Head



Date 11/16/05

08/04/2005		93.283	
1. SUPERSEDES AWARD NOTICE DATED EXCEPT THAT ANY ADDITIONS OR RESTRICTIONS PREVIOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.		06/16/2004	
6. GRANT NO. U50/CCU923797-01-1		5. ADMINISTRATIVE CODES CCU50	
11. PROJECT PERIOD FROM 07/01/2004		THROUGH 06/30/2009	
12. BUDGET PERIOD FROM 07/01/2004		THROUGH 12/31/2005	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF COOPERATIVE AGREEMENT.

AUTHORIZATION (LEGISLATION/REGULATION)

301(A) & 317(K)(2) PHS ACT, AS AMENDED

1. TITLE OF PROJECT (OR PROGRAM)

EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES

6. GRANTEE NAME AND ADDRESS

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
313 NORTH FIGUEROA STREET, ROOM 808  
LOS ANGELES, CA 90012

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)

LAURENE MASGOLA  
ACUTE COMMUNICABLE DISEASE CONTROL  
313 NORTH FIGUEROA STREET, ROOM 212  
LOS ANGELES, CA 90012

1. APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)

PHS GRANT FUNDS ONLY  
TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION

(PLACE NUMERAL ON LINE)

I

.. SALARIES AND WAGES.....\$	778,466
.. FRINGE BENEFITS.....\$	272,526
.. TOTAL PERSONNEL COSTS .....	1,050,992
1. CONSULTANT COSTS.....	0
1. EQUIPMENT.....	0
1. SUPPLIES.....	181,740
1. TRAVEL.....	32,776
1. PATIENT CARE-INPATIENT.....	0
1. PATIENT CARE-OUTPATIENT.....	0
1. ALTERATIONS AND RENOVATIONS.....	0
1. OTHER.....	13,000
1. CONSORTIUM/CONTRACTUAL COSTS.....	101,019
1. TRAINEE RELATED EXPENSES.....	0
1. TRAINEE STIPENDS.....	0
1. TRAINEE TUITION AND FEES.....	0
1. TRAINEE TRAVEL.....	0
1. TOTAL DIRECT COSTS.....\$	1,379,527
1. INDIRECT COSTS ( 29.00 % OF S&W/TADC) \$	206,029
1. TOTAL APPROVED BUDGET.....\$	1,585,556
1. SBIR FEE.....\$	0
1. FEDERAL SHARE.....\$	1,585,556
1. NON-FEDERAL SHARE.....\$	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U).....\$	1,585,556
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..\$	
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...\$	1,040,677
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION \$	544,880

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)

BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 2	0	D. 5	
B. 3	0	E. 0	
C. 4	0	F. 0	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

A. AMOUNT OF PHS DIRECT ASSISTANCE.....\$	
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..\$	
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD\$	
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$	

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)

A. DEDUCTION	
B. ADDITIONAL COSTS	
C. MATCHING	<div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>
D. OTHER RESEARCH (ADD/DEDUCT OPTION)	
E. OTHER (SEE REMARKS)	

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:  
A. THE GRANT PROGRAM LEGISLATION CITED ABOVE. B. THE GRANT PROGRAM REGULATION CITED ABOVE. C. THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS, IF ANY, NOTED BELOW UNDER REMARKS. D. PHS GRANTS POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E. 45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. IN THE EVENT THERE ARE CONFLICTING OR OTHERWISE INCONSISTENT POLICIES APPLICABLE TO THE GRANT, THE ABOVE ORDER OF PRECEDENCE SHALL PREVAIL. ACCEPTANCE OF THE GRANT TERMS AND CONDITIONS IS ACKNOWLEDGED BY THE GRANTEE WHEN FUNDS ARE DRAWN OR OTHERWISE OBTAINED FROM THE GRANT PAYMENT SYSTEM.

REMARKS (OTHER TERMS AND CONDITIONS ATTACHED - YES ☒ NO)

SPONSOR: NATIONAL CENTER FOR INFECTIOUS DISEASES

\*IDC RATE BASE: SEE ATTACHED

PHS GRANTS MANAGEMENT OFFICER (SIGNATURE)

(NAME-TYPED/PRINT)

(TITLE)

SHARRON P. DRUM

GRANTS MANAGEMENT OFFICE

7. OBJ. CLASS. 41.51

18. CRS.EIN: 1-956000927-A1

19. LIST NO.: CO-018-U05

0.A05-19116 05-9211109

DOCUMENT NO.

ADMINISTRATIVE CODE

AHT.ACTION FIN.ASST

AHT.ACTION DIR.AS

CCU923797

CCU50

114,662

**NOTICE OF AWARD**  
(Continuation Sheet)

PAGE 2 OF 2

DATE ISSUED

GRANT NO. U50/CCU923797-01/1  
GRANTEE: COUNTY OF LOS ANGELES

**TERMS AND CONDITIONS OF THIS AWARD**

This award has been revised to reflect a six-month cost extension of the budget period to end December 31, 2005. Supplemental funds in the amount of \$544,882 are being provided for this extended period.

**REVISED REPORTING REQUIREMENT:**

The final performance report will be due no later than January 31, 2006 and Financial Status Report will be due no later than March 31, 2006 for this extended period.

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL EFFECT.**

**REVISED BUDGET:** See spreadsheet detailing line item budget by project.

Budget Category	Current Year Budget 01	Supplemental Funds	Total Funds
Personnel	\$ 521,371	\$ 257,095	\$ 778,466
Fringe	\$ 173,810	98,716	\$ 272,526
Consultants	\$ -	-	
Travel	\$ 23,700	9,076	\$ 32,776
Equipment	\$ -	-	\$ -
Supplies	\$ 86,740	95,000	\$ 181,740
Other	\$ 7,500	5,500	\$ 13,000
Contractual	\$ 75,229	25,790	\$ 101,019
		-	
Total Direct Costs	\$ 888,350	\$ 491,177	\$ 1,379,527
Indirect Costs	152,324	53,705	206,029
Total Award	\$ 1,040,674	\$ 544,882	\$ 1,585,556

**PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE.**